

UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		Attorney Docket No. SP02-180		Total Pages 2	
First Named Inventor or Application Identifier Bickham et al.					
Title : LOW KAPPA, DUAL-MOTE DC FIBER AND OPTICAL TRANSMISSION LINE					
Express Mail Label No.		EV327188427US			

CERTIFICATE OF EXPRESS MAIL UNDER 37 CFR 1.10: I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and is Addressed to the Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on <u>9/23/03</u> (Date) Signature <u><i>Randall S. Wayland</i></u> "EXPRESS MAIL" Mailing Label No. EV327188427US	ADDRESS TO: Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450 <div style="text-align: right;"> 17497 U.S. PTO 10/668390 </div>
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1. <input checked="" type="checkbox"/> * Fee Transmittal Form (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 18] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R&D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. § 113) [Total Sheets 9] 4. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).	5. <input type="checkbox"/> Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney (when there is an assignee) 9. <input type="checkbox"/> English Translation Document (if applicable) 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 11. <input type="checkbox"/> Preliminary Amendment 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized) 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
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16. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional. <input type="checkbox"/> Continuation-in-part (CIP) of prior application No Prior application information: Examiner: Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.	
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17. CORRESPONDENCE ADDRESS																																									
<input checked="" type="checkbox"/> Customer Number or Bar Code Label 22928 or <input type="checkbox"/> Correspondence address below																																									
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="6">ADDRESS</td> </tr> <tr> <td colspan="6">Coming Incorporated, SP-TI-3-1</td> </tr> <tr> <td>CITY</td> <td>Coming</td> <td>STATE</td> <td>NY</td> <td>ZIP CODE</td> <td>14831</td> </tr> <tr> <td>COUNTRY</td> <td>USA</td> <td>TELEPHONE</td> <td>(607) 974-0463</td> <td>FAX</td> <td>(607) 974-3848</td> </tr> <tr> <td>Name (Print/Type)</td> <td colspan="3">Randall S. Wayland</td> <td>Registration No. (Attorney/Agent)</td> <td>36,303</td> </tr> <tr> <td>Signature</td> <td colspan="3"><u><i>Randall S. Wayland</i></u></td> <td>Date</td> <td><u>9/23/03</u></td> </tr> </table>						ADDRESS						Coming Incorporated, SP-TI-3-1						CITY	Coming	STATE	NY	ZIP CODE	14831	COUNTRY	USA	TELEPHONE	(607) 974-0463	FAX	(607) 974-3848	Name (Print/Type)	Randall S. Wayland			Registration No. (Attorney/Agent)	36,303	Signature	<u><i>Randall S. Wayland</i></u>			Date	<u>9/23/03</u>
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 09/23/03 4520 U.S. PT	FEE TRANSMITTAL for FY 2001	Complete if Known	
	Application Number		To Be Assigned
	Filing Date		Herewith
	First Named Inventor		Bickham et al.
	Examiner Name		To Be Assigned
	Group / Art Unit		To Be Assigned
TOTAL AMOUNT OF PAYMENT (\$) 750.00		Attorney Docket Number SP02-180	

<p>METHOD OF PAYMENT (check one)</p> <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 03-3325</p> <p>Deposit Account Name Corning Incorporated</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fees Required Under 37 C.F.R. §§ 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th style="text-align: left;">Code</th> <th style="text-align: left;">(\$)</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td></td> <td>Utility filing fee</td> <td style="text-align: right;">750.00</td> </tr> <tr> <td>106</td> <td>330</td> <td></td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td></td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td></td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td></td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$)750.00</td> </tr> </tbody> </table> <p>2. 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SUBMITTED BY			Completed (if applicable)		
Name (Print/Type)	Randall S. Wayland	Registration No. (Attorney/Agent)	36,303		
Signature		Date	9/23/03		